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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1944 818

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16206

Primary Registration District No. 1003 Registrar's No. 4801

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 Mins.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 921

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3130 Sheridan
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Infant Brownridge

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 4 (Month) 20 (Day) 44 (Year)

8. AGE: Years | Months | Days | If less than one day hr. 45 min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Alonzo Brownridge

13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

14. Maiden name Nathalia Sampson

15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Father Mary Gerard, R.R.C.

(b) Address 2601 N. Whittier Street

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof MAY 25 1944 (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. Meschmann

(b) Address City Health Dept

19. (a) MAY 24 1944 (Date received local registrar) (b) J. F. Bubek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 20
year 44 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from 4-20- 1944 to 4-20- 1944
that I last saw h im alive on 4-20- 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to Unknown	
Due to Unknown	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. A. Dunballer (M. D. or other)
Address 2601 N. Whittier St. Date signed 5-23-44

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.